### City of Lake Wales, Florida



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|------------------------|---|--------------|
| (                      | CITY COMMISSION - REQUEST TO SPEAK  | ies.         |
|                        | / The time limit is five minutes.   |              |
| Date:                  | 2/21/2023   | vewel of the |
| peaker's Name:         | SPUCE TRANCIS Representing  | -            |
|                        | (Print clearly)   |              |
| Speaker's Address:     | 1601 SARAH ST   | 1            |
|                        | (Print complete address)  A LES, FL 33898                                     | 3            |
| elephone No: 401-      | City State Zip Code   | mal.com      |
| ign me up for the quar | rterly email newsletter   |              |
| I wish to speak du     | rring these Agenda Item(s) (Identify Item number(s)):                         |              |
| I waive my right to    | o speak, but wish to express my opinion regarding Agenda items (Identify Item | s)           |
| For or Agains          | st (Circle One), Comments:  |              |
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|                        |   |              |

| City of Lake Wales, Florida  |
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| CITY COMMISSION - REQUEST TO SPEAK   |
| The time limit is five minutes.  |
| Date: Oserel of the  |
| Speaker's Name: Mary Beth Salisbury Representing   |
| (Print clearly)  |
| Speaker's Address: 3613 Ridse Lake Dr  |
| (Print complete address)  Lake WWES FL 33898   |
| City State Zip Code  |
| Telephone No: 407-873-4002 Email: Mary Beth Salisbury 1@ gmail. Com                                |
| Sign rate up for the quarterly email newsletter  |
|  |
| I wish to speak during these Agenda Item(s) (Identify Item number(s)):                             |
| I waive my right to speak, but wish to express my opinion regarding Agenda items (Identify Items), |
| For or Against (Circle One), Comments:   |
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### City of Lake Wales, Florida

| CITY COMMISSION - REQUEST TO SPEAK  |
|---|
| , The time limit is five minutes.   |
| Date: 77 7073   |
| Speaker's Name: JAMES SALISBORY Representing MYSECF   |
| (Print clearly)   |
| Speaker's Address:  (Print complete address)  |
| LAKE WALK FL. 33898   |
| City State Zip Code   |
| Telephone No: 407-873-1400 Email: jamespsalisbury @ smail.com                                     |
| Sign me up for the quarterly email newsletter   |
| Fd=11/C 111/  |
| I wish to speak during these Agenda Item(s) (Identify Item number(s)):                            |
| I waive my right to speak, but wish to express my opinion regarding Agenda items (Identify Items) |
| For or Against (Circle One), Comments: WOULD LIKE MORE TNFORMATION.                               |
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|--------------------------|---|--------------------|--|--|
| · (                      | CITY COMMISSION - REQ                     | UEST TO SPEA       | AK STATE OF THE ST |  |
|                          | The time limit is five                    | e minutes.         | C. T. M. C.  |  |
| Date:                    | 2/21/2023                                 |                    | Vewel of the   |  |
| Speaker's Name:          | assandn Richa (Print clearly)             | rds Repre          | esenting Highland Manar  |  |
| Speaker's Address:       | 2357 Fred (ar<br>(Print complete address) | der Rd.            |  |  |
|                          | Lake wates                                | FL                 | 33898  |  |
| -                        | City                                      | State              | Zip Code   |  |
| Telephone No:            | Email: <u>/ \</u>                         | ch 262301          | K@yahoo.com  |  |
| Sign me up for the quart | erly email newsletter                     |                    | 5  |  |
| I wish to speak duri     | ng these Agenda Item(s) (Identify         | Item number(s)): ( | Comments & Petition  |  |
| I waive my right to      | speak, but wish to express my opir        | nion regarding Age | enda items (Identify Items),   |  |
| For or Against           | (Circle One), Comments:                   |                    |  |  |
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# City of Lake Wales, Florida

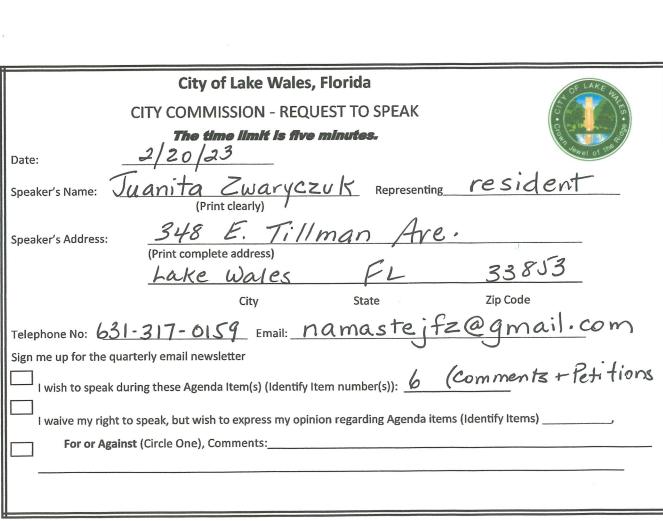
## CITY COMMISSION - REQUEST TO SPEAK

| OF LAKE MATTERS OF LAKE MATTER |
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| 3853   |
| Zip Code   |
| geryfl.com   |
| 15 & Petitions   |
| tify Items)  |
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| , ,                  | The time limit is five m                   | inutes.              | OH TO TO            |   |
|----------------------|--|----------------------|---------------------|---|
| Date:                | 2/21/23                                    |                      | ewel of the         |   |
| Speaker's Name:      | Allen Taten (Print clearly)                | Represe              | enting              |   |
| Speaker's Address:   | 778 Chalsca<br>(Print complete address)    | Way                  |                     |   |
|                      | LakeWales                                  | FL                   | 33853               |   |
|                      | City                                       | State                | Zip Code            |   |
| Telephone No:        | 669-5731 Email: al                         | lenana               | tilvinageryfl.com   |   |
| Sign me up for the o | quarterly email newsletter                 |                      |                     |   |
| I wish to speak      | during these Agenda Item(s) (Identify Iter | m number(s)): $\leq$ | onments & Petitions | > |
|                      | nt to speak, but wish to express my opinio |                      |                     |   |
| For or Ag            | ainst (Circle One), Comments:              |                      |                     | _ |
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| City of Lake Wales, Florida   |
|---|
| CITY COMMISSION - REQUEST TO SPEAK  |
| The time limit is five minutes.   |
| Date: 2-21-23   |
| Speaker's Name: Breky Wyn Loop Representing (Print clearly)   |
| Speaker's Address: 413 E. Seminole Au. (Print complete address)   |
| Lake Wooles 7L 33853  |
| City State Zip Code   |
| Telephone No: 289 5030 Email: beeky wynkoof a comcast not  Sign me up for the quarterly email newsletter  Complet |
| Sign me up for the quarterly email newsletter   |
| I wish to speak during these Agenda Item(s) (Identify Item number(s)):  |
| I waive my right to speak, but wish to express my opinion regarding Agenda items (Identify Items),                |
| For or Against (Circle One), Comments:  |
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# City of Lake Wales, Florida CITY COMMISSION - REQUEST TO SPEAK The time limit is five minutes. 21173 Date: Ynice Representing 5014 Speaker's Name: (Print clearly) 813 Campbell Ave. Speaker's Address: (Print complete address) Lavo Zip Code Telephone No: \_\_\_\_ Email: \_\_\_\_\_ Sign,me up for the quarterly email newsletter I wish to speak during these Agenda Item(s) (Identify Item number(s)): Comments + Patition 5 I waive my right to speak, but wish to express my opinion regarding Agenda items (Identify Items) \_\_\_\_\_\_ For or Against (Circle One), Comments: City of Lake Wales, Florida **CITY COMMISSION - REQUEST TO SPEAK** The time limit is five minutes. Speaker's Name: Juanita Zwaryczuk Representing resident (Print clearly)



# City of Lake Wales, Florida CITY COMMISSION - REQUEST TO SPEAK The time limit is five minutes. Date: 2-21-23 Speaker's Name: Char Lene Bennett Representing (Print clearly) Speaker's Address: 929 Carlton Ave (Print complete address) Lake Wales Ft 33853 City State Zip Code Telephone No: 143918 3434 Email: Charlene ben Deerthlink net Sign me up for the quarterly email newsletter I wish to speak during these Agenda Item(s) (Identify Item number(s)): La Compants Afections I waive my right to speak, but wish to express my opinion regarding Agenda items (Identify Items)

For or Against (Circle One), Comments:

